

02-15-01 A

09/783214 PRO

02/15/01

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/05 (08-00)
Approved for use through 10/31/2002 OMB 0651-0032
U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27
3. Specification [Total Pages]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration [Total Pages]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

 Continuation Divisional Continuation-in-part (CIP) of prior application No _____

Prior application information Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> <i>(Insert Customer No. or Attach bar code label here)</i>		<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below
Name	WINSTON HSU		
Address	5F, No. 389, Fu-Ho Road, Yung-Ho City, Taipei Hsien, Taiwan, R.O.C.		
City	State	Zip Code	234
Country	Taiwan, R.O.C.	Telephone	886-2-8923-7350 Fax 886-2-8923-7390
Name (Print/Type)	WINSTON HSU	Registration No. (Attorney/Agent)	41.526
Signature	Winston Hsu		Date 2/14/2001

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)
1750*Complete if Known*

Application Number	
Filing Date	
First Named Inventor	<i>Sam Shian-Shiang Jiang</i>
Examiner Name	
Group Art Unit	
Attorney Docket No	ASTP0010USA

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to
 Deposit Account Number **50-0801**
 Deposit Account Name **North America International Patent Office**
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)
710

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
6	-20** =	0	0
1	-3** =	0	0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)
0

**or number previously paid, if greater. For Reissues see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	WINSTON HSU	Registration No. (Attorney/Agent)	41,526	Telephone	886-2-8923-7350
Signature	<i>Winston Hsu</i>				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231